



**STATE OF UTAH**  
**DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**  
**APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT**

**APPLICATION INSTRUCTIONS AND INFORMATION**

1. On or before March 1 of each year, potential applicants for funding grants should submit a "Tentative Training Plan & Funding Request Estimate" for the next fiscal year (July 1 to June 30) on the form included in this packet.

This is not a mandatory step; however, applicants who have submitted tentative funding request estimates which have been included in the approved budget will be given priority for funding. If all information is known, a complete "Application for Building Code Training Funds Grant" could be submitted with the tentative estimate to complete both steps.

2. At the March or April meetings, the Uniform Building Code Commission and the UBCC Education Advisory Committee will use the tentative estimates to establish its building code training budget for the next fiscal year.
  - a. Applicants are encouraged to attend the March budget planning meeting to explain their training plans. Applicants may be requested to submit additional information before the tentative estimate is included in the annual budget.
3. A completed "Application for Building Code Training Funds Grant" **must** be filed and approved **prior** to the date of the training program to qualify for funding. ***This formal application is in addition to the tentative request estimate previously submitted.***
  - a. It is recommended that the complete application be submitted at least 45 days prior to the tentative training date.
  - b. ***ANY APPLICATION WHICH IS NOT RECEIVED 15 DAYS PRIOR TO A SCHEDULED COMMITTEE MEETING, WILL NOT BE PLACED ON THE COMMITTEE AGENDA FOR CONSIDERATION.***

Any application that is not submitted in a timely manner and approved prior to the training will be denied even if a tentative estimate for the annual budget was previously submitted. The inclusion of the tentative estimate on the annual budget is **not** the final approval required to obtain funding. *This instruction or guideline will be subject to enforcement (at the Committee's discretion) and is applicable for funding applications submitted effective with the beginning of Fiscal Year 2007-2008 (as of July 1, 2007).*

4. After a completed application is submitted to the Division, it is reviewed by the UBCC Education Advisory Committee. The UBCC Education Advisory Committee then makes

a recommendation of whether the funding grant should be approved. If the reviewed application is recommended for approval, the funding request must then be signed off as "Funding Approved" by the Bureau Manager, Division Director, and Department Director. *It is not officially "approved" until it has been signed off by the Bureau Manager, Division Director, and Department Director.*

The UBCC Education Advisory Committee usually meets on the second or third Tuesday of each month at 1:00 p.m. in the Heber M. Wells Building. Meeting dates and times are subject to change. Meeting dates, times, and agendas can be accessed at [www.dopl.utah.gov](http://www.dopl.utah.gov).

The following items may be considered by the UBCC Education Advisory Committee in determining whether they will make a recommendation to grant or deny an application for funding:

- a. Previous experience in providing training, including cost per-attendee and current cost estimates.
- b. How well the education fits in with the UBCC Education Advisory Committee's education objectives for the applicable year.
- c. If training is on the current version of the IBC, IPC, IMC, IRC, IFGC, IECC, NEC, codes and amendments adopted statewide.
- d. How well the text relates to the course objectives.
- e. Whether the education is targeted for inspectors, installers, designers (including architects and engineers) or contractors.
- f. The number of students, hours of instruction, and the ratio of students per dollar to be spent for the education. *Continuing Education credit for hours of instruction are based upon one (1) hour of CE credit for at least 50 minutes of instruction or teaching time and allows 10 minutes for breaks per hour.*
- g. The location or region of the state for which the education will be targeted.
- h. The percentage of the training being paid for by the student and by the 1% Building Codes Education Fund.

## **ITEMS QUALIFYING FOR STATE FUNDING**

Reimbursement will **only** be for the educational expenses that qualify for State Funding. Note: **Code Books do not** qualify for funding. **Sponsors' staffing or personnel costs do not** qualify for funding.

### **The following is a list of items which may qualify for funding:**

- Instructor Fees (national or local) (premium costs as indicated on page 3, including travel and meals will, as determined by the Committee, require justification)
- Instructor Travel/Meals (effective July 1, 2007 in-state mileage reimbursement rate will increase to \$.485)
- Code Analysis and Code Update Books being used in the education course
- Workbooks, Study Guides, or Textbooks used in the education course
- Meeting Rooms or facilities (premium costs as indicated on page 3, will, as determined by the Committee, require justification)

- Audio Visual Equipment costs
- Printing costs (including copies of workbooks, study guides, or textbooks)
- Brochures (for advertising, mailing, etc.)
- Mailing, Postage & Handling costs

**Please note:**

- a. If you propose items which result in premium costs, such as luxury facilities or premium instructor fees, please be prepared to justify that the higher costs are necessary to assure the quality of education. Premium cost items which cannot be justified **will not** qualify for reimbursement from this fund. Any items that do not qualify for state funding must be included as part of the registration fee to be paid for by the participant or paid for by the sponsors of the program.

Please consider the following to determine if you are proposing premium costs; funding requests made during the past fiscal year have been used to determine averages and premium costs:

1. Total cost per hour of instruction has varied, with an average of \$7.24 per hour; amounts over that average will be considered premium costs;
2. Facility costs per attendee have an average of \$4.80 per attendee per event or class; amounts over the amount of \$7.00 per attendee will be considered premium costs;
3. Instructors cost per hour of instruction has varied widely per hour of continuing education, with an average cost of \$3.62 per hour. (See summary and analysis of training costs on page 8 of these instructions.) Premium costs would be costs over \$3,000.00 per day for instructors.

- b. If expenses are incurred for both code related education programs and non-code related education programs or other non-code related programs such as supplier expositions, the expenses must be reasonably prorated with the fund paying only for prorated costs directly related to the code related education program. State Funding is provided for Code and Code Amendment education only as provided by Statute and will not be granted to cover costs or provide funds for Conferences other than as a percentage of the total costs, based upon Code and Code Amendment education costs. Costs for non-educational activities, including exhibits and banquet facilities, must be covered either by sponsorship or registration fees.

5. Applicants will be notified in writing if the application has been approved or denied. Advertising and agenda or training material for the training program shall include the following statement, ***"Partial funding of this training program has been provided by the Division of Occupational & Professional Licensing from the 1% Surcharge funds on all building permits."***
6. It is the responsibility of the sponsoring organization to assure that the training is provided by instructors who are qualified to teach the subject by adequate education and experience. Furthermore the sponsoring organization is responsible to assure that instructors are adequately prepared to teach the class, including making an

appropriate outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and assuring that the training is held for the time period specified in your request for funding. Please be aware that funding grants are based upon the sponsoring organizations' assurance that a quality training program will be provided.

If the training is not held or the training is deficient in quality of presentation or preparation as outlined above, it could jeopardize your grant of funding. We recommend that the contract you enter into with instructors completely and accurately specify the responsibilities of the instructors and the consequences of failing to hold the training or the consequences of lack of adequate preparation, including provisions that the instructor may not be paid and any other penalties that may be assessed for their failure to perform as agreed.

7. As part of the training program, the sponsoring organization is **required** to obtain an evaluation of the program from participants on the "Evaluation Form" which is included in this packet and to provide to the Division a summary of the "Evaluation Forms" completed by the participants on the "Summary of Evaluation Form" which is also included in this packet. Copies of the individual "Evaluation Form" are not required, unless they include comments or observations.
8. After completion of each course the sponsoring organization must complete and submit the following to the Division in order to obtain reimbursement for the training provided.
  - a. A "Request for Reimbursement Form"
  - b. An itemized invoice on the organization's letterhead with attached receipts and documentation to support the requested reimbursement amounts
  - c. A roster of attendees
  - d. A copy of the advertising announcement and agenda or training material, which includes the acknowledgement of funding statement specified above
  - e. A "Summary of Evaluations Form" as specified above, with copies of any of the individual forms that include comments or observations as noted

**Note:** You may find it helpful to use the "Instructor Payment Form" in calculating and documenting your Instructor fees, meals and travel costs.

DEPARTMENT OF COMMERCE  
Division of Occupational and Professional Licensing  
160 East 300 South, Main Lobby  
P.O. Box 146741  
Salt Lake City, UT 84114-6741  
(801) 530-6628



## **TENTATIVE TRAINING PLANS & FUNDING REQUEST**

### **ESTIMATE**

**Fiscal Year (July 1, 2007 – June 30, 2008)**

Current Date: \_\_\_\_\_

Name of Organization or School: \_\_\_\_\_

Contact Person (Name & title): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Title of Training: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_

Location(s): \_\_\_\_\_

Estimated Number of Attendees: \_\_\_\_\_

Estimated Amount of Funding Grant: \$ \_\_\_\_\_

Summary Total (if more than one event): \$ \_\_\_\_\_

*If you are planning for more than one event and/or funding application, please attach additional sheets and show the summary total on the top sheet.*

DEPARTMENT OF COMMERCE  
Division of Occupational and Professional Licensing  
160 East 300 South, Main Lobby  
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Salt Lake City, UT 84114-6741  
(801) 530-6457



## APPLICATION FOR BUILDING CODE TRAINING FUNDS GRANT

Reviewed – July 17, 2007

☐ **New Request** \$ \_\_\_\_\_ ☐ **Additional Funding Request** \$ \_\_\_\_\_

**Total**

Date: \_\_\_\_\_ **Amount Requested: \$** \_\_\_\_\_

Requesting Organization: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date(s) of Training: \_\_\_\_\_ Location(s): \_\_\_\_\_

Function Title: \_\_\_\_\_

Training Objectives: \_\_\_\_\_

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### EDUCATION COMMITTEE ACTION

**Advisory Committee Recommendation:** ☐ (Favorable) ☐ (Unfavorable)

**Date:** \_\_\_\_\_ **Amount Recommended \$** \_\_\_\_\_

**Reason:** \_\_\_\_\_

### DEPARTMENT OF COMMERCE ACTION

☐ (Approved) ☐ (Not Approved)

**Bureau Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Approved: \$** \_\_\_\_\_

## Detailed Description of Education / Training

Number of Classroom Hours: \_\_\_\_\_ Expected Number of Attendees: \_\_\_\_\_

\*1 hour of Continuing Education credit must include at least 50 minutes of instruction or teaching time and allows 10 minutes for breaks per hour.

### Education/Training is targeted at the following: (each course)

#### Inspectors:

☐ Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Plans

#### Contractors/Installers:

☐ Building ☐ Plumbing ☐ Mechanical ☐ Electrical ☐ Plans

#### Designers:

☐ Engineers ☐ Architects ☐ Other: \_\_\_\_\_

#### Level of Curriculum:

☐ Beginner ☐ Novice ☐ Mid level ☐ Professional ☐ Expert

**Please provide information for each course being taught. Attach additional pages if needed.**

**Course Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe how the training relates to the education goals of the Education Committee for the current year:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Text to be used:** \_\_\_\_\_  
\_\_\_\_\_

#### Instructor:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\*Please list additional names and addresses on a separate page if necessary, including individual  
Instructor fees as needed

## SUMMARY AND ANALYSIS OF TRAINING COSTS

1. Estimated Total Cost of Training: \$\_\_\_\_\_
2. Estimated portion of total cost for instructor: \$\_\_\_\_\_ % \_\_\_\_\_ (% of line 1)
3. Estimated portion of total cost for facilities: \$\_\_\_\_\_ % \_\_\_\_\_ (% of line 1)
4. Estimated portion of total cost advertising (printing and mailing flyers, etc.) \$\_\_\_\_\_ % \_\_\_\_\_ (% of line 1)
5. Estimated total number of attendees: \_\_\_\_\_
6. Estimated hours\* of instruction per attendee: \_\_\_\_\_
7. Estimated total hours\* of instruction: \_\_\_\_\_ (line 5 x line 6)
8. Estimated total cost per hour\* of instruction: \$\_\_\_\_\_ (line 1 ÷ line 7)
9. Estimated instructor cost per hour\* of instruction: \$\_\_\_\_\_ (line 2 ÷ line 7)
10. Estimated facility cost per attendee: \$\_\_\_\_\_ (line 3 ÷ line 5)

\*1 hour of Continuing Education credit must include at least 50 minutes of instruction or teaching time and allows 10 minutes for breaks per hour.

(See page 3 of instructions regarding determination of premium costs – such as luxury facilities or premium instructor fees)



## TRAINING REVENUE

### Funding Participants (Excluding the Division)

### Amount

Jurisdiction: \_\_\_\_\_ \$ \_\_\_\_\_

Organization/Association: \_\_\_\_\_ \$ \_\_\_\_\_

Amount from Sponsor(s): \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Registration Fee (per person): \_\_\_\_\_ \$ \_\_\_\_\_

**Total Training Revenue Anticipated:** \$ \_\_\_\_\_

{ *Subtract portion of registration fees for use to pay non-reimbursable expenses such as breaks, code books or other costs.* }

\$ \_\_\_\_\_

{ *Subtract portion of registration fees to be applied toward educational costs for which you are requesting funding.* }

\$ \_\_\_\_\_

**Balance of Total Revenue Anticipated:**

\$ \_\_\_\_\_

## TRAINING EXPENDITURES FOR WHICH YOU ARE REQUESTING REIMBURSEMENT

### Description/Item:

### Amount

Instructors Fees and Travel/Meals \_\_\_\_\_ \$ \_\_\_\_\_

Textbooks, Workbooks, Code Update Books \_\_\_\_\_ \$ \_\_\_\_\_

Facility Costs \_\_\_\_\_ \$ \_\_\_\_\_

Audio Visual Equipment costs \_\_\_\_\_ \$ \_\_\_\_\_

Printing costs (including copies of workbooks, study guides, or textbooks) \_\_\_\_\_ \$ \_\_\_\_\_

Mailing, Postage and Handling costs \_\_\_\_\_ \$ \_\_\_\_\_

Other (including office supplies, provide details) \_\_\_\_\_ \$ \_\_\_\_\_

Total reimbursable training expenditures anticipated: \_\_\_\_\_ \$ \_\_\_\_\_

Less portion of registration to be applied to educational cost: \_\_\_\_\_ \$ \_\_\_\_\_

**Total anticipated reimbursement request:** \_\_\_\_\_ \$ \_\_\_\_\_

**If space provided is not adequate, please attach an itemized list in the above format.**

**Attach a copy of the course outline and any additional documentation.**

**I hereby verify that any funds requested from the state will not be reimbursed from any other source and that if the request for funding is approved, we will provide the training program as outlined above and assure that instructors are appropriately qualified and prepared to present the training program.**

\_\_\_\_\_  
Name of Authorized Representative (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date



## REQUEST FOR REIMBURSEMENT FORM

We are requesting reimbursement for the following costs which we have incurred and for which we have attached an invoice, the original receipts, a roster of attendees, and a copy of the training announcement, advertising and agenda. We provided the training program as outlined in our original application except for the following changes: \_\_\_\_\_

**(Please identify any changes that have been made in subjects, dates, locations or instructors.)**

Title/Subject	Date(s)	Location(s)	# Hours of Session	# Attendees

Instructor Fees and Travel/Meals \$ \_\_\_\_\_

Instructor's Name(s): \_\_\_\_\_

Textbooks, Workbooks, Code Update Books

Title(s): \_\_\_\_\_ \$ \_\_\_\_\_

Facility Cost: \$ \_\_\_\_\_

Audio Visual Equipment: \$ \_\_\_\_\_

Printing (including copies of workbooks, study guides, or textbooks): \$ \_\_\_\_\_

Mailing, postage and handling: \$ \_\_\_\_\_

Other (including office supplies, provide details): \$ \_\_\_\_\_

Total Educational Expenditures: \$ \_\_\_\_\_

Deduct portion of registration fees applied to educational costs: \$ \_\_\_\_\_

Balance/Total Reimbursement Request: \$ \_\_\_\_\_

I/we hereby verify that I/we provided this educational program for which we obtained approval prior to the program and I hereby verify that these expenses have been paid by our organization and that we have received no other reimbursement for these expenses from any other source. I/we further verify that the instructor was adequately qualified by education and experience to teach the course, and was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and provided the training for the full time period and subject matter presented in the funding request.

\_\_\_\_\_  
Organization's Name

\_\_\_\_\_  
Federal I.D. Number

\_\_\_\_\_  
Authorized Representative (Type/Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATE OF UTAH**  
**Division of Occupational & Professional Licensing**  
**BUILDING CODE TRAINING**



**Instructor Payment Form**

Request for Authorization for Payment for Instruction Services

(Note: You may find it helpful to use this form in calculating and documenting your Instructor fees, meals and travel costs. )

Name of Instructor: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Class Title: \_\_\_\_\_

Date: \_\_\_\_\_ Time Period: \_\_\_\_\_

Location: \_\_\_\_\_

**CHECK ONE:**

- \_\_\_\_ 1. I am **not** employed by the State or local government and request payment be made to me.
- \_\_\_\_ 2. I am employed by the State or local government **AND**
- a. \_\_\_\_ I am taking leave from the State/local government to present this seminar and request payment to me.
- b. \_\_\_\_ I am not taking leave from the State/local government and therefore not eligible to receive payment;
- i) \_\_\_\_ Therefore, I am not requesting payment.
- ii) \_\_\_\_ But I am requesting payment to my employer to reimburse for my time.

**Calculation of Amount of Reimbursement Requested:**

Instructor Fees:

Instruction	\$ _____
Mileage (# miles @ \$.485 =)	\$ _____ ( _____ x \$.485 = \$ _____ )
Hotel/Motel	\$ _____
Meals (B: \$8.00 L: \$11.00 D: \$16.00)	\$ _____ (in-state meal rates)
(B: \$10.00 L: \$13.00 D: \$20.00)	\$ _____ (out-of-state meal rates)
Other _____	\$ _____
Total	\$ _____

*I hereby certify that the above information is true and accurate; that I am adequately qualified by education and experience to teach the course, that I was adequately prepared to teach the course by making an outline of the program, making appropriate audio or visual aids, preparing or arranging for handouts or study guides, arranging for any needed equipment and that I provided the training for the full time period and subject matter presented in the funding request.*

\_\_\_\_\_  
(Instructor's Signature)

\_\_\_\_\_  
(Date)

Payment Approved for \$ \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**UTAH  
BUILDING CODE TRAINING  
EVALUATION FORM**



Instructor(s): \_\_\_\_\_ Location: \_\_\_\_\_

Class Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Please check the answer to the right indicating your response to evaluate this training program.

Thank you for your help.

1. Did the instructor have the knowledge and experience to teach this program? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

2. Were appropriate training handouts or workbooks provided? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

3. Would you recommend further courses on this subject? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

4. Would you recommend this instructor for other courses? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

5. Please provide your evaluation of this instructor. **Excellent** **Good** **Poor**

Comments or Suggestions:

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**NOTE:** Completion of this form is **required** in order for the Sponsoring Organization to obtain reimbursement for the training provided from the State of Utah, Department of Commerce, Division of Occupational and Professional Licensing Uniform Building Code Training Fund.

**STATE OF UTAH  
BUILDING CODE TRAINING  
SUMMARY OF EVALUATION FORMS**



Instructor(s): \_\_\_\_\_ Location: \_\_\_\_\_

Class Title: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Please indicate the number of responses for each item and provide a copy of each individual evaluation form *with comments*. Total number of responses for the questions below \_\_\_\_\_.

Would the Sponsoring Organization, based upon the responses, recommend this instructor(s) for future seminars or classes? (Please mark one) **Yes** \_\_\_\_\_  
**No** \_\_\_\_\_

Thank you for your help.

1. Did the instructor have the knowledge and experience to teach this program?  
# of Responses: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

2. Were appropriate training handouts or workbooks provided?  
# of Responses: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

3. Would you recommend further courses on this subject?  
# of Responses: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

4. Would you recommend this instructor for other courses?  
# of Responses: **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

5. Evaluation of this instructor: **Excellent** \_\_\_\_\_ **Good** \_\_\_\_\_ **Poor** \_\_\_\_\_

Please include the Sponsoring Organization comments or observations:

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**NOTE:** Completion of this form is **required** in order for the Sponsoring Organization to obtain reimbursement for the training provided from the State of Utah, Department of Commerce, Division of Occupational and Professional Licensing Uniform Building Code Training Fund.